

**FINANCIAL SECTION
PROJECT COST ESTIMATE**

1. TOTAL PROJECT COST (from Form CN-3, item i.): _____	
2. AMOUNTS TO BE FINANCED:	
a. <u>Tax-Exempt Bonds:</u>	
(A) Principle Amount	_____
(B) Interest Amount	_____
(C) Rate ____% Term ____ Years	
(D) Will a hospital authority be sponsoring project related bonds? <input type="checkbox"/> YES <input type="checkbox"/> NO	
b. <u>Conventional Loan:</u>	
(A) Principle Amount	_____
(B) Interest Amount	_____
(C) Rate ____% Term ____ Years	
c. <u>Federal Loan:</u>	
(A) Principle Amount	_____
(B) Interest Amount	_____
(C) Rate ____% Term ____ Years	
d. <u>Interim Financing:</u>	
(A) Principle Amount	_____
(B) Interest Amount	_____
(C) Rate ____% Term ____ Years	
e. <u>Other:</u>	
(A) Principle Amount	_____
(B) Interest Amount	_____
(C) Rate ____% Term ____ Years	
f. TOTAL PRINCIPLE	_____
g. TOTAL INTEREST	_____
h. TOTAL PRINCIPLE & INTEREST	_____
i. ANNUAL DEBT SERVICE REQUIREMENT	_____
3. <u>INTERIM FINANCING:</u>	
a. Principle Amount	_____
b. Interest Amount	_____
c. Rate ____% Term ____ Years	
d. TOTAL INTERIM FINANCING	_____
e. Interest earned during the period principal is invested	_____
f. NET GAIN OR LOSS DURING INTERIM FINANCING	_____
4. <u>AMOUNT OF PROJECT COSTS TO BE PAID FROM NON-INTEREST BEARING SOURCES</u>	
a. Cash on Hand	_____
b. Community Contributions	_____
c. District or County Tax Levy:	
(A) Amount	_____
(B) Rate per \$1,000 Assessed Value	_____
(C) Pay-Back Period ____ Years	
d. Federal Grant (identify source)	_____
e. Other	_____
f. TOTAL NON-INTEREST BEARING SOURCES	_____
5. TOTAL PROJECT COST INCLUDING INTEREST: _____	